

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**FREEDOM PATH**(b) Address (number and street) ☐ check if different than previously reported  
2150 SOUTH 1300 EAST  
SUITE 500

(c) City, State and ZIP Code

SALT LAKE CITY

UT

84106

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001986**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2012

through

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2012**(b) Communication Title** Three Men Again**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Valerie Phillips

(b) Address (number and street)

PO BOX 1093

(c) City, State and ZIP Code

Austin

TX 78767

(d) Name of Employer or Principal Place of Business

Gober Hilgers PLLC

(e) Occupation

Compliance

**9. Total Donations This Statement**

, , .00

**10. Total Disbursements/Obligations This Statement**

, , 129460.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Valerie Phillips

SIGNATURE

Valerie Phillips

[Electronically Filed]

DATE

03/22/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.